

Accountable Communities of Health (ACH) Quarterly Activity Report

Reporting period: March 1-July 31, 2020

Report to Joint Select Committee on Health Care Oversight



Introduction

This report reflects statewide and individual Accountable Community of Health (ACH) activities from March 1 to July 31, 2020. This report shares what ACHs are doing within and across regions to improve the health of communities in Washington State.

Through their unique role, ACHs connect the health care delivery system and local community organizations. In addition to their MTP activities, ACHs have shifted focus and are coordinating some COVID-19 response. Statewide activities summarized below largely reflect COVID-19 related activities for this quarter:

Statewide ACH activities

- ACHs received and distributed 4.4 million pieces of personal protection equipment (PPE), including cloth and KN95 masks, on behalf of Health Care Authority (HCA). Behavioral health providers, farmworkers, and other underserved populations received this PPE. ACHs were creative in how they managed the distribution. They leveraged local relationships to secure warehouse space, rent trucks, and provide masks to those in need.
- Because of the partnerships ACHs have with provider organizations, they served as a conduit for disseminating information. This included providing information on multiple federal waivers that eased restrictions on telehealth, and making sure providers understood how to use telehealth and bill for telehealth/telephone services through Medicaid.

Individual ACH activities

Better Health Together (BHT)


Serving Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties

Behavioral health

- BHT convened a Behavioral Health Forum on April 1. The purpose of the forum is to gather and share challenges, successes, and lessons learned from implementing telehealth, and begin addressing the gaps providers were seeing. Within this forum, BHT was able to respond to behavioral health provider needs in:
 - **Training:** key issues identified were support for telehealth and staff self-care. BHT hosted a self-care series and worked with the University of Washington (UW) Advancing Integrated Mental Health Solutions (AIMS) Center to offer telehealth training.
 - **Capacity:** providers expressed concern about the fall surge of behavioral health needs, and not having enough providers during that time. Providers asked BHT to develop a web-based dashboard to track the real-time capacity of 20-40 regional organizations. BHT plans to launch the dashboard in September 2020.
 - **Behavioral health access inventory:** in August, BHT will publish a regional [behavioral health inventory](#), along with recommendations, to guide allocation strategy for 2021 integrated managed care (IMC) funds.

Tribal health partnerships

BHT's Tribal Partners Leadership Council (TPLC) resumed meeting in May, focusing on COVID-19 response priorities, barriers, and collaboration. The TPLC sponsored four community focused sessions and two provider-focused sessions on dealing with stress and trauma response during the pandemic. Dr. Darryl Tonemah, a nationally renowned psychologist, facilitated these sessions.



In June, the TPLC members agreed to redirect their 2020 funding toward a youth prevention project. Each of the Tribal partners identified specific needs for their youth programs, such as laptops and internet access for families to connect virtually; incentives and rewards for participation; and cultural materials for virtual and socially distanced instruction.

Cascade Pacific Action Alliance (CPAA)

Serving Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties

Behavioral health

- Collaborated with UW AIMS Center to hold a series of webinars and trainings. This instruction supports regional behavioral health providers' transition to telehealth services in response to COVID-19, and rural provider shortages.
- Facilitated a monthly IMC Provider Readiness Workgroup. This workgroup is where behavioral health agencies discuss IMC issues with managed care organizations (MCOs) and HCA. They discuss challenges, such as claims being denied; claims reconciliation taking longer than expected; reimbursements being delayed; billing code modifier confusion; availability of interpreter services; prior authorization confusion; and data sharing.
- Hosted a statewide Opioid Prescribing Practices for Dental Provider webinar, which was attended by more than 150 providers.

Social determinants of health

- Matched \$25,000 to contribute to Community CarePort's Hunger Initiative, based on emergent needs identified during COVID-19. CarePort clients who screen positive for food insecurity are given Safeway produce vouchers. CPAA will continue to support the Hunger Initiative because of high demand and positive response to the vouchers.
- Assisted The Moore Wright Group (TMWG) with distributing over 12,870 boxes of food since May 18. Food has been distributed throughout Thurston, Mason, King, Pierce, Lewis, and Grays Harbor counties, as well as Squaxin Island and Skokomish Tribes.

COVID-19 response

- Developed a new service within the Community CarePort Project, the CarePort COVID-19 Community Support and Monitoring Program. This program addresses the emergent needs of people who have barriers to following quarantine or self-isolation advice from local incidence response management systems. This service connects clients to a trained care coordinator who can support them while in self-isolation or quarantine.
- Assisted hospitals and community-based organizations shift toward virtual delivery of evidence-based programs. This includes chronic disease self-management workshops and diabetes prevention programs.
- Facilitated monthly calls with pediatric providers to address well-child visit, immunization rates, and behavioral health integration concerns during COVID-19.
- Facilitated advisory call with pediatric providers, Educational Service District (ESD) 113, ESD 112, health department medical officers, and school-based health centers to address back-to-school health concerns in the region.
- Through collaboration with TMWG, CPAA acted as the conduit for connecting communities with resources through TMWG's Disaster Relief program. The program helped connect and distribute over \$6,402,005 throughout 21 counties, servicing more than 201,000 families and 159 organizations.



Elevate Health

Serving Pierce County

COVID-19 response

- Increased the access and training for telehealth visits that support emergency housing and care delivery systems. This includes:
 - Provisioning of a mobile healthcare van serving two sites with individuals experiencing homelessness.
 - Wrap-around services for individuals housed in temporary care centers for quarantine.
- Ensured continued access to behavioral health providers through a partnership with South Sound 2-1-1.
- Elevate Health and OnePierce Community Resiliency Fund distributed \$729,000 to Pierce County in response to the COVID-19 pandemic:
 - \$299,000 for seven Pierce County fire and rescue services.
 - \$180,000 to regional network of behavioral health providers and community-based care organizations.
 - \$250,000 to the Pierce County Connected Fund, the overarching philanthropic response for Pierce County.
- Offered the first virtual Health Homes training in the state.

Behavioral health

OnePierce is also managing \$1.5 million of CARES Act funding for 21 behavioral health agencies on behalf of Pierce County. Funding will go toward PPE, social distancing building modifications, telehealth support, and staff time.


Greater Columbia ACH (GCACH)

Serving Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima counties

COVID-19 response

Two GCACH counties—Franklin and Yakima—have experienced the highest COVID-19 case rates in Washington State. To respond to the pandemic, GCACH has engaged and made investments in a number of activities. These activities support the needs of provider organizations, regional stakeholders and partners, and the community at large:

- **Telehealth fund:** GCACH conducted a survey of providers that indicated more than 60 percent of respondents were planning to offer telehealth services, but needed the following technology to implement it: laptops, webcams, expanded bandwidth, software, and technical assistance. GCACH developed an application process, which led to a total of \$276,600 being distributed to 51 organizations.
 - Clinical providers also needed assistance for billing for telehealth services. GCACH staff offered available resources and direct assistance to address this need. Providers were also connected to educational webinars, linked to billing resources, and referred to HCA for free Zoom licenses and laptops.
- **Food insecurity emergency response:** GCACH responded to overburdened food banks from the increased demand by allocating \$300,000 to Second Harvest. This program serves the 45 local food banks across the GCACH's nine counties, and includes the Yakama Indian Reservation.
- **Skilled nursing facility care packages:** because of the rapid increase in positive COVID-19 cases in long-term care facilities, residents were being isolated in their rooms and normal group activities were suspended. This left residents with little direct social contact. In response, GCACH created a Care Packages



project that was initially piloted in three skilled nursing facilities. Care Packages was rolled out to an additional 23 facilities across the ACH region, covering nearly 2,000 residents.

Masking communication campaign: the Benton-Franklin Health District reached out to determine if GCACH could provide communications leadership regarding a masking/social distancing messaging campaign for social media and public service announcements. Because of the high incidence of COVID-19 infections within certain ethnic and racial sub-populations, there was agreement to concentrate messaging on the Hispanic population. This population was not being addressed at the time by other campaigns.

Opioid response and behavioral health

- GCACH contracted with four opioid resource networks (ORNs) across its region. Combined, these ORNs will receive \$900,000 to create and connect a network of community providers and support organizations (e.g., housing) around a central hub that offers and coordinates medications for opioid use disorder (MOUD) and wrap-around services.
 - Payments to these contracted ORNs are tied to several deliverables, including the number of organizations joining the network, the number of new inductions for MOUD, and the number of patients remaining in the treatment at 30 and 90 days.
- GCACH approved an \$850,000 Behavioral Health Internship and Training Fund to provide resources to behavioral health organizations. The fund is aimed toward organizations willing to precept, supervise, or train professionals seeking careers in behavioral health. The fund also aims to employ behavioral health professionals who need clinical experience to complete a training program. Nineteen organizations received contracts and funding over this reporting period.

HealthierHere

Serving King County

Behavioral health

HealthierHere is supporting several tests of innovation in the region. One example is the Whole Person Integrated Care (WPIC) Innovations, designed to help prototype best practices for creating and strengthening partnerships between local community health centers and community behavioral health agencies. HealthierHere is funding seven WPIC Innovations among 12 different partner organizations.

HealthierHere is also funding tests of innovation for low-barrier access to community-based MOUD when people are released from jails or emergency departments. HealthierHere is also testing funds of innovation around community paramedicine.

COVID-19 response

- Allocated \$5.1 million to support care and services in impacted communities, with focuses on linguistic and cultural relevancy and delivery in communities experiencing disparities.
- Relaxed requirements and flexed timelines for pre-existing MTP work so partners could focus 100 percent on pandemic response.
- Launched a [COVID-19 Resource Hub](#) to help individuals, families, and organizations find the information and resources they need.
- Developed a Telehealth Resource Guide and Collective Platform COVID-19 Enhancements Tutorial to help organizations adapt tools and practices to the changing environment.
- Distributed 4,400 donated KN95 face coverings to partner organizations that provide critical face-to-face services, but did not have access to enough protective equipment for staff.



North Central ACH

Serving Chelan, Douglas, Grant, and Okanogan counties

COVID-19 response

- In March, NCACH joined each of their local health jurisdictions' (LHJ) Incident Command Systems to support community mitigation response needs. NCACH's Governing Board suspended MTP reporting deliverables until July 1, 2020, so community partners could focus on their COVID-19 response. This includes the rapid transition to telehealth service and implementation (which continues to present access challenges for patients and providers due to the rural nature of the region.)
- NCACH staff worked closely with LHJ pandemic response teams, developing tools for communities practicing social isolation, providing outreach, and creating messaging tools to encourage communities to "Stay Home, Stay Safe, and Stay Healthy" during the Governor's stay-home and Phase 1 orders.
 - Additional projects included mobilizing the production of non-manufactured personal protective equipment and supporting material equipment costs, and convening and coordinating regional public health communications to the Spanish-speaking community.
 - To help support the cost of this work, NCACH's Governing Board approved \$300,000 in funding to community partners through a variety of short-term response funding opportunities. This includes a community support fund, an essential worker recognition campaign, a youth educational video contest, and direct support to local incident command operations.

North Sound ACH


Serving Island, San Juan, Skagit, Snohomish, and Whatcom counties

COVID-19 response

- In response to the challenges of transitioning to remote working, North Sound ACH provided technical assistance to partners and set up a Telehealth and Remote Work Fund. This fund is available to community organizations in the region, making awards of up to \$10,000 available to support purchases of tablets, laptops, internet access, and remote tools, such as Zoom, Skype, and others.
 - Funds were distributed to 57 community organizations (\$480,000 total) across all five counties.
- North Sound ACH published a COVID-19 Vulnerable Populations Dashboard and a COVID-19 Modeling Tool. These include all counties and Tribal Nations in the region. The dashboard and modeling tool show how COVID-19 is currently impacting different populations in the North Sound region, and can assist organizations in determining how they can effectively invest resources for COVID-19 recovery.
- North Sound ACH staff responded to specific COVID-19 information requests from partners. For example, staff provided LHJs with promising practices to provide outreach to field and farmworkers, and help agricultural workplaces to protect the health and safety of their workers.

To provide support for partnering providers during the quarter, North Sound ACH also:

- Committed \$75,000 in capacity building funds to each of the eight Tribes in the region (Lummi Nation, Nooksack Tribe, Upper Skagit Tribe, Samish Indian Nation, Swinomish Indian Tribal Community, Tulalip Tribes, Stillaguamish Tribe of Indians, and Sauk-Suiattle Indian Tribe).
- Provided \$1.1 million in capacity building funds to community action agencies, family coalitions, food banks, and organizations supporting youth, field and farmworkers, those with insecure housing, and other vulnerable communities.

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- Offered support to all five LHJs, resulting in staff assigned to Whatcom Unified Command, support in developing communications and community outreach to field and farmworkers. Linked public health teams to resources in indigenous languages, which are critical for the beginning of the growing season and influx of migrant workers.

Olympic Community of Health

Serving Clallam, Jefferson, and Kitsap counties

COVID-19 response

In response to community requests and feedback, Olympic Community of Health created the [Stay Healthy, Stay Connected](#) campaign, a compilation of printable and digital social media resources in both English and Spanish. These resources are aimed at emphasizing positive social norms for safety and health protocols and empowering communities through the pandemic response. The digital campaign reached more than 11,000 individuals in the region, with an engagement rate of more than 10 percent (compared to cross-industry average of 3.22 percent).

Social determinants of health

Olympic Community of Health recently looked at [how adverse social conditions across the region are impacting health](#), how social needs are being exacerbated by the pandemic, and how to explore opportunities for region-wide, collaborative interventions.

OCH facilitated an environmental assessment, literature review of initiatives and approaches, and took stock of available data, providing a wide perspective of the various social risk factors and their impact on community health. The findings from these activities were discussed in three virtual convenings, bringing together local health leaders and community members from Clallam, Jefferson, and Kitsap counties.

SWACH

Serving Clark, Klickitat, and Skamania counties

COVID-19 response

- SWACH partnered with Clark County Public Health, Clark County Department of Community Services, Council for the Homeless, and multiple community-based and clinical agencies. The purpose of this partnership was to support community members at the Quarantine and Isolation Hotel (Q&I Hotel) - connecting hotel “guests” to community health workers (CHWs) and community care coordination services using SWACH’s HealthConnect Hub IT infrastructure.
- In a four-month period, SWACH distributed \$213,522 to 14 contracted partners. In addition, SWACH made a \$200,000 contribution to the COVID-19 emergency fund established by the Community Foundation of Southwest Washington.

Policy and legislative action

SWACH’s Policy Committee gathered information on the impact of COVID-19 to help inform state and local policies. In addition, the committee met with local elected officials to hear their legislative priorities and begin to develop the regional 2021 policy agenda.

Behavioral health

Partnered with service providers in seven organizations (including forensic and state programs, law enforcement, and judicial representation) to coordinate the regional Trueblood response and service provision. Hosted Trueblood community education event.